



CABINET FOR HEALTH SERVICES

DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET HS2GW-B
FRANKFORT, KY 40621-0001

DCB-15P
9-98

DRUG CONTROL AND PROFESSIONAL PRACTICES
(502) 564-7985
FAX (502) 564-2203

Request for KASPER Report

Please fill out completely

Patient's Name: _____
First Middle Last

Address: _____

City County State Zip

Date of Birth: _____ SS#: _____

Aliases and Other Addresses (if known):

Report Period Requested: From _____ to _____
Date Date

Pharmacy, or Facility Name

Printed name of Doctor or Pharmacist

DEA #

Street Address

City, State, Zip

Telephone

FAX

Comments from Drug Control Staff

I certify that the information will be used for the
purpose of providing medical or pharmaceutical
treatment to a current or prospective patient.

Signature of Doctor or Pharmacist